## Bureau of Substance Abuse Services

Massachusetts Department of Public Health



ESM Client ID:	Intake Form Standard
Provider ID:	Standard

► ESM Release of Ir	nforma	tion:	☐ Yes	□No
► Enrollment Date:		1	1	
	mm	dd	уууу	

	ALL QU	ESTIONS MARKED WITH	A ► MUST B	E COMPLETED.	
	1. First Name:	Middle Initial:	Last Name	a:	Suffix:
<b></b>	2. Highest Grade Completed:				
		High school diploma/GED	Collo	ao doaroo ar biabar	No formal education
	Not of school age	High School diploma/GED		ge degree or higher	No formal education
	Some schooling, no high school	Some college		r credential (degree, icate)	Unknown
	Some high school	Associates degree	001111	iodio	
	Como migni concer	7.0000.00.00			
	3. Gender: Male Female	Γransgender □		▶ 4. Birth Date:	/ / mm dd yyyy
<b></b>	5. SSN:				SN or it is unknown, enter 999-99-9999
	PERSONAL INFORMATION>ADDRESS			ii ciiotik rotuddo to giro ox	or the diminouni, oritor due de dece
7					
	6a. Address Type: Home \( \subseteq \text{Near Homele:} \)	ss	e Job Aid in the	Intake Manual to determi	ine Homeless vs. non-Homeless!
If Aa	lress Type is "Homeless", only enter the city/town a	and zip code where client is usu	ually homeless. <b>L</b>	Oo not use the Program's	city/town/zip.
	Street Address:				Unit:
•	City/Town:			State:	► Zip code:
<b>•</b>	6b. Is this your Primary Address? Yes			- Cuito	p
	ALTERNATE NAME Section				
	If client has an alternate name, complete the fo	ollowing:			
	7a. First Name:	Middle Initial:	Last Name	e:	
	7b. Name Type: Alias Nickname	Known by Married Nam	ne Maider	n Name Name at Bi	rth Prior Marriage Name
	DEMOGRAPHICS>CULTURAL CHARACTERIST		io 🗀 Maidoi	Traine at Br	Titl - Thor Manago Namo -
<b></b>					
	8a. Are you Spanish/ Hispanic/Latino? Yes	NU L			
If 'ye	s' to Question 8a, complete Question 8b.	If 'no' to Question	n 8a, go to Ques	stion 9	
	8b. Which of the following ethnicities best des	cribes vou?			
	-	•			
	Central American Cuban	Mexican, Mexican Ame Puerto Rican	erican, Chicano	South Amer Unknown	rican
	Dominican	Salvadoran		Other, spec	ify
I£ 'm	st to Ougation to Salast and from halou				
11 11	' to Question 8a, Select one from below				
	9. What is your primary Ethnicity/Ancestry? (	select one only)			
	African	Chinese			erican Indian
	African American	Eastern European		Middle Ea	
	American	European		Portugue	se
	Asian Indian	Filipino		Russian	
	Brazilian	Haitian		Thai	
	Cambodian	Japanese		Vietname	
	Cape Verdean	Korean		Unknown	
	Caribbean Islander	Laotian		Other ,sp	ecity

## **Bureau of Substance Abuse Services**

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	10. What is your race? (check all that apply)		
	American Indian/Alaskan Indian	Native Hawaiian or Pacific Islander	Unknown
	Asian	White	Refused
	Black, African American	Other, specify:	
<b>•</b>	11. In what language do you prefer to read or disc	auga haalth ralatad matariala?	
	American Sign Language	Haitian Creole	Russian
-	Cambodian (Khmer)	Hmong	Spanish
-	Cape Verdean Creole	Korean	Vietnamese
-	Chinese	Laotian	Other, specify
-	English	Portuguese	
	HOUSEHOLD CHARACTERISTICS Section	42 Number of Children Living in Hea	and ald (abildren mades 40).
	12. Number of Adults in Household: (if client is Homeless, enter 1)	13. Number of Children Living in Hou (children currently living with the clier	
<b>•</b>	14a. Client Income: \$	14b. Income Frequency: Week	kly 🗌 Bi-Weekly 🔲 Monthly 🔲 Annually
	15. Source of Income: (Check all that apply)	,	
_	Wages/Salary	Veterans Disability Payment	Retirement - Social Security
_	Child Support	Private Disability Payment	Retirement/Pension - Private
_	Alimony	Public Assistance - TANF	Veterans Pension
_	Disability	Public Assistance - General	Non-employment Cash Income
_	Disability - SSI	Unemployment Compensation	None
-	Disability - SSIDI	Workers Compensation	Other
	Disability GGID!	vvoixers compensation	
	16. Received Income Verification:		
	17. Marital Status: Never Married	Married Divorced Widowed	d 🔲 Separated 🔲 Significant Partnership Rlat.
	17. Marital Status: ☐ Never Married ☐ NSURANCE Section (Data Entry: To get to Insurance)		1 1
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<b>P</b>	NSURANCE Section (Data Entry: To get to Insurance  18. Insurance Type:  Uninsured  MC (Mathematical Mathematical Mathemati	e section, return to Face Sheet and select Insuredicaid / MassHealth / MP (Me disa	rance link on left side of screen.)  edicare –Over 65-some
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